

BEST AVAILABLE COPY

CLAIMS ONLY						SERIAL NO.	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							51				
2							52				
3							53				
4							54				
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45	:						95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.							TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS							TOTAL CLAIMS				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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CLAIMS								
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	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1		1					51	
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10		1					60	
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42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	: : 1		1				TOTAL IND.	
TOTAL DEP.	: : 1		1				TOTAL DEP.	
TOTAL CLAIMS	: : 1						TOTAL CLAIMS	

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